

An Essay

on

Angina Suffocativa

by

William I. Bobo.

of

South Carolina.

Mr Bobo examined on the 14th March 1823 and the Professors
not being satisfied he was permitted to come again before the
faculty after the examinations were generally over
Passed March 27th 1823

2.

1823

In Reply

1823

Supreme Legislature

By

William J. Miller

of

the State of New York

Attest: I have examined the foregoing and it is correct.

Witness my hand and seal this 27th day of March 1823.

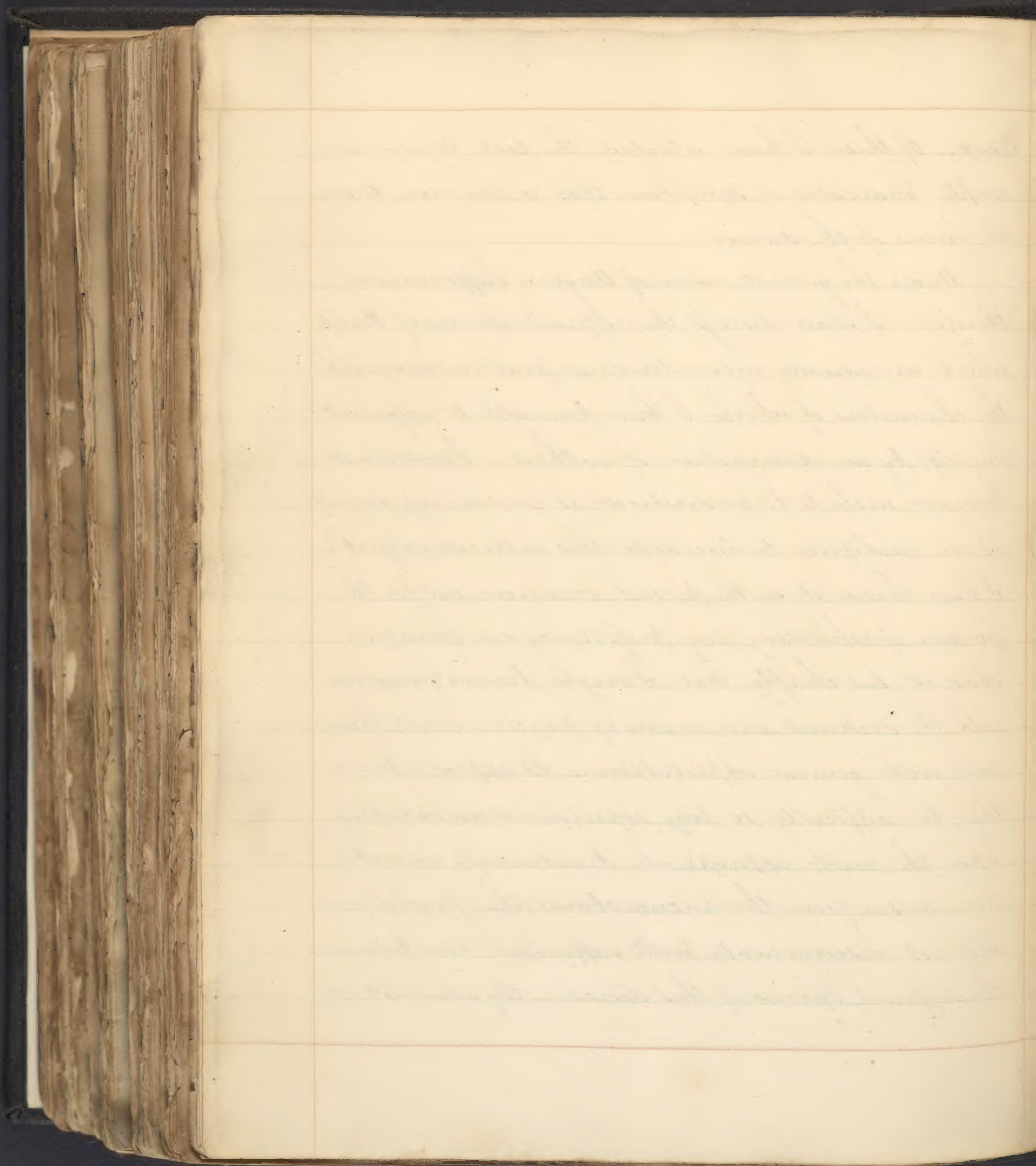
Angina Suffocativa or Croup.

Of all the diseases of children, Croup deserves our most particular attention, both on account of the fatality of its disposition and the obscurity in which its causes and real nature are enveloped. We consult medical history in vain for a satisfactory description of its different varieties, and probably many years will yet elapse before our profession can become familiar with all the forms of combination in which its symptoms are capable of being associated.

The various names by which authors have designated it, offer the most convincing proof that affections somewhat dissimilar in their nature, have been classified under the same general head. Thus we find the terms Angina Spasmodica, Laryngitis, Tracheitis, Angina Membranacea or Polyposa Catarrhus Suffocativa Anginae Suffocativa, all characteristic of

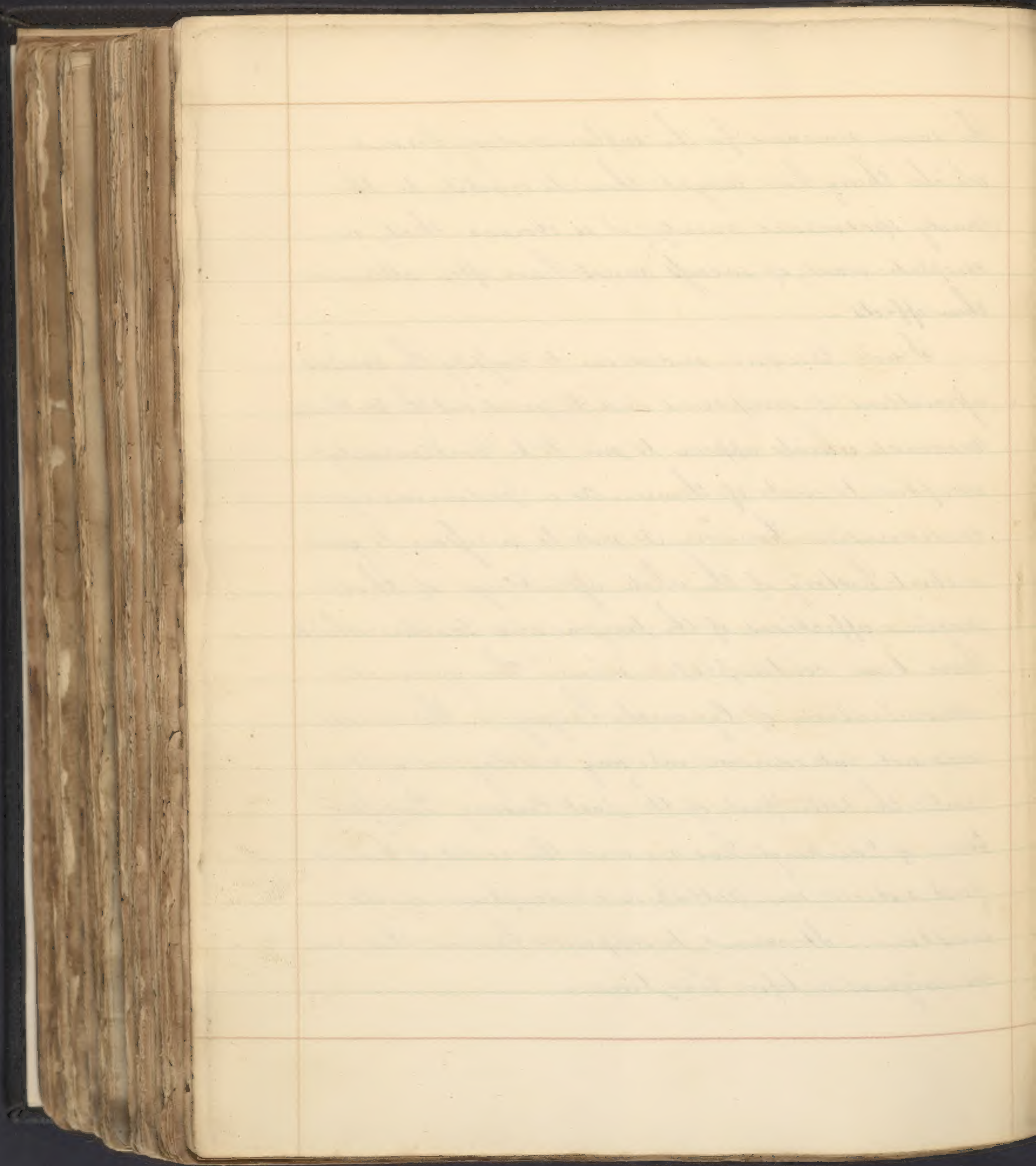
Croup.- Of these I have selected the last because it simply indicates a symptom that is common to all the forms of the disease.

Under the general name of Angina Suffocativa therefore I shall discuss the different species of Croup which are usually encountered in practice and with the characters of which I have been able to acquaint myself by an examination of authors.. I would not however wish to be understood as considering myself at all qualified to elucidate this intricate subject. I have chosen it on the present occasion not for the purpose of exhibiting my proficiency in medical studies, but chiefly that I might become familiar with the doctrines and modes of practice which have met with general approbation. It appears to me that the difficulty so long experienced in deciding upon the most appropriate treatment must have arisen from the circumstance that practitioners did not discriminate with sufficient care between the different species of this disease.- By administering



the same remedies for the inflammatory forms which theory had taught them to exhibit to the purely spasmodic variety, it is obvious that a complete want of success must have often attended their effects -

I will therefore endeavour to classify the various associations of symptoms and to point out the *Methodus Morandi* which appear to me to be particularly adapted to each of them. - as a preliminary consideration however it will be necessary to give a short history of the whole assemblage of those various affections of the larynx and trachea which have been contemplated under the general denomination of *Cynanche Laryngica*. - This disease was not introduced into any nosological system until the latter part of the last Century. - Professor Home of Edinburgh has received the credit of having first noticed and published a description of its symptoms. - It cannot be supposed however that no case originated before that time -



The same constitutional predisposition which now exists in children could not have been wanting and the same exciting causes which now operate must then have been influential. - It is probable that Croup was confounded with other anginal affections, and that the same want of discrimination which more recently has prevented every rational mode of treatment, then obscured those discrepancies which actually exist between them.

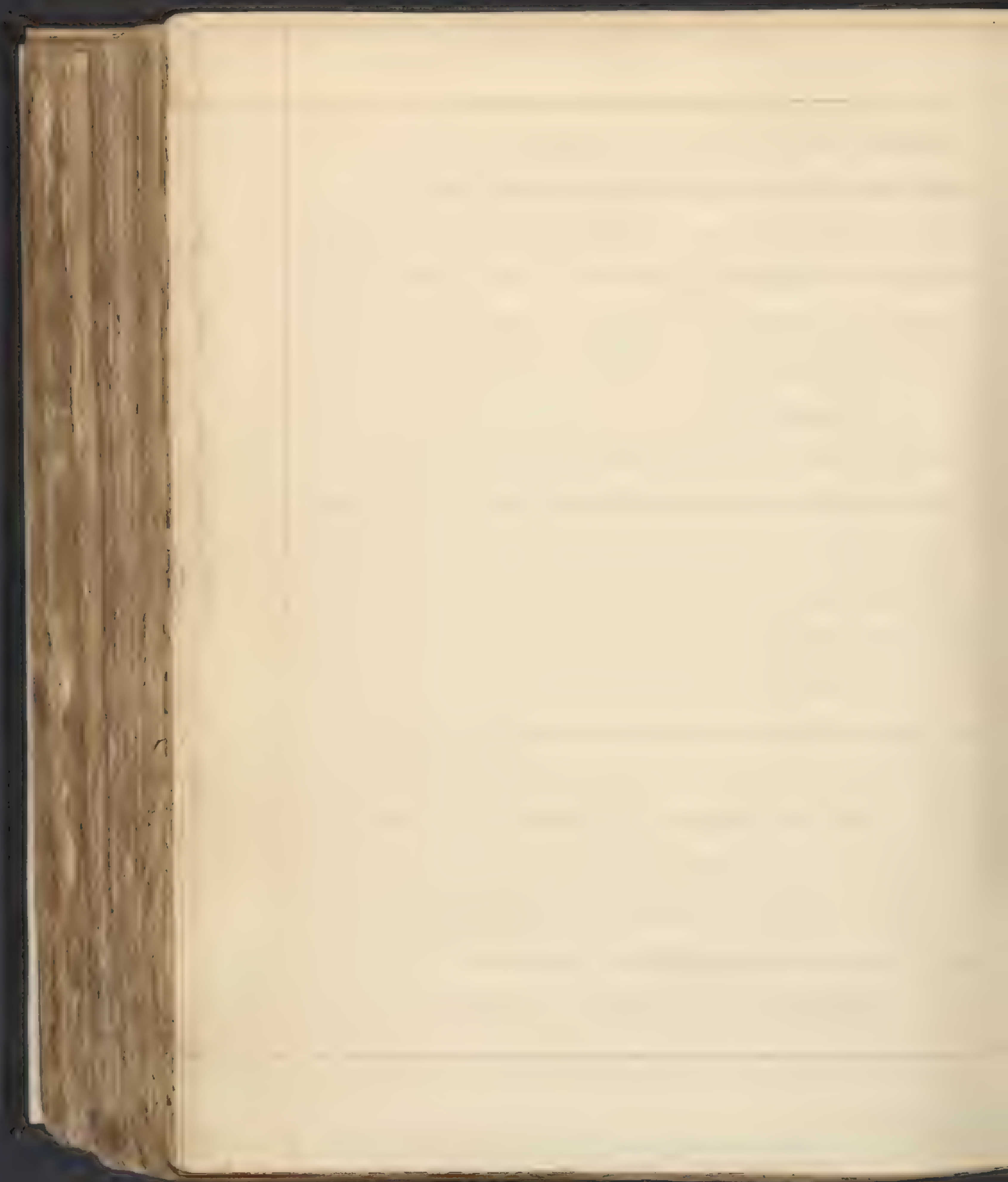
Although most of the authors who have treated of this disease appear to have believed that some degree of spasm is always complicated with its other effects, I am disposed to think that that symptom is almost exclusively confined to one particular form, and that inflammation in those cases where it prevails is rarely attended with any other condition than those which are necessarily connected with its terminations.

Of the lining membrane also, respecting the nature and frequency of which, so much diversity of opinion

has existed, I am inclined to believe that it is
always developed by an inflammation of the
consequence that it, can never be expected to occur
when it has been found to predominate or when it is
shaded by other diseases. It is not so easy however to
decide concerning either the hereditary or epidemic
nature of Croup.

It is an established fact frequently seen in
the case of a child who has been the subject of
croup at the age of three months, and who has
not been cured, and who at the age of three
months has the disease.

But it at least is not the case that the disease
is never cured, and that the child is never
cured, and that the disease is never cured.
In some cases the disease is cured, and in some
cases it is not cured, and in some cases it is
not cured, and in some cases it is not cured.
In some cases the disease is cured, and in some
cases it is not cured, and in some cases it is
not cured, and in some cases it is not cured.

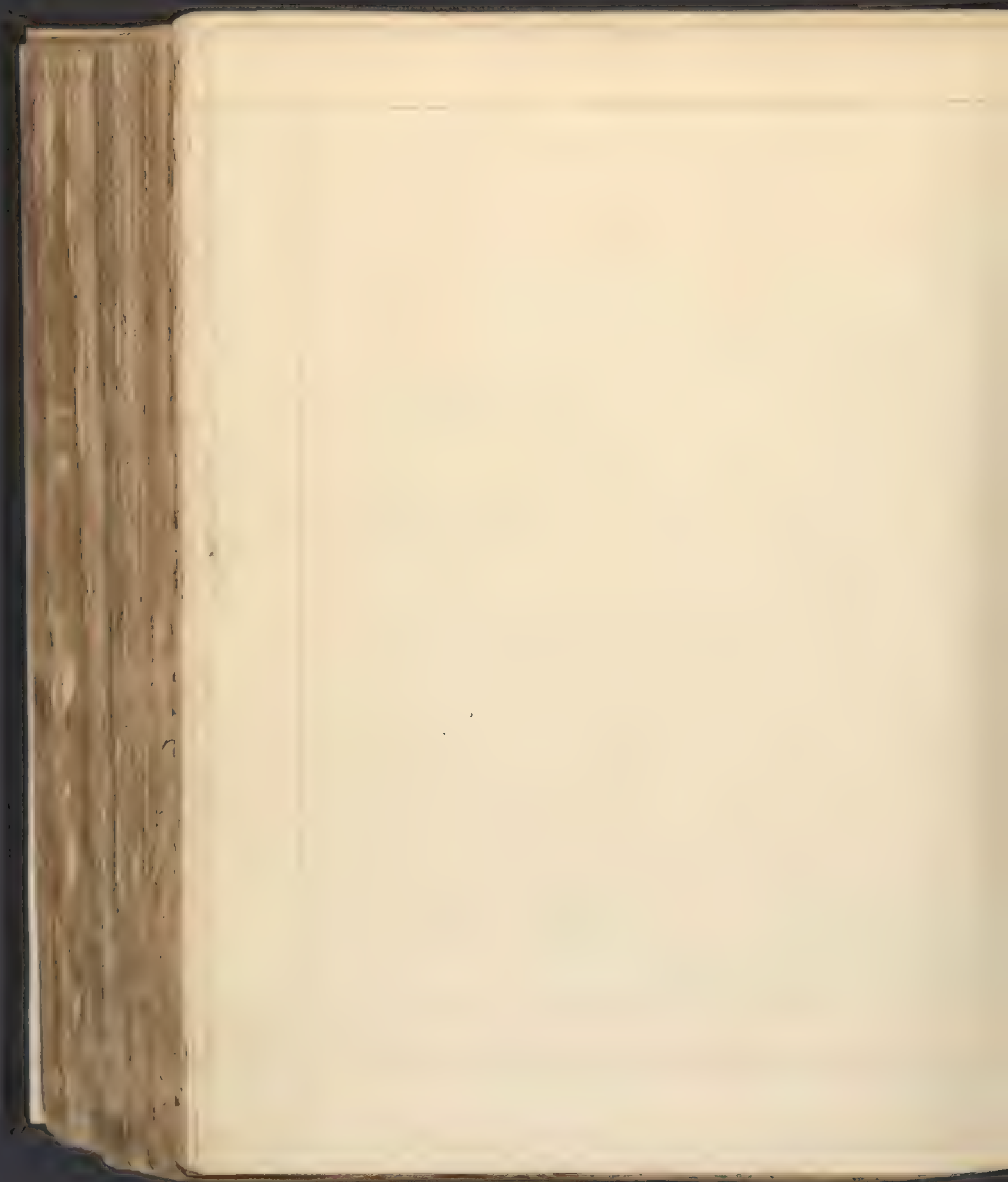


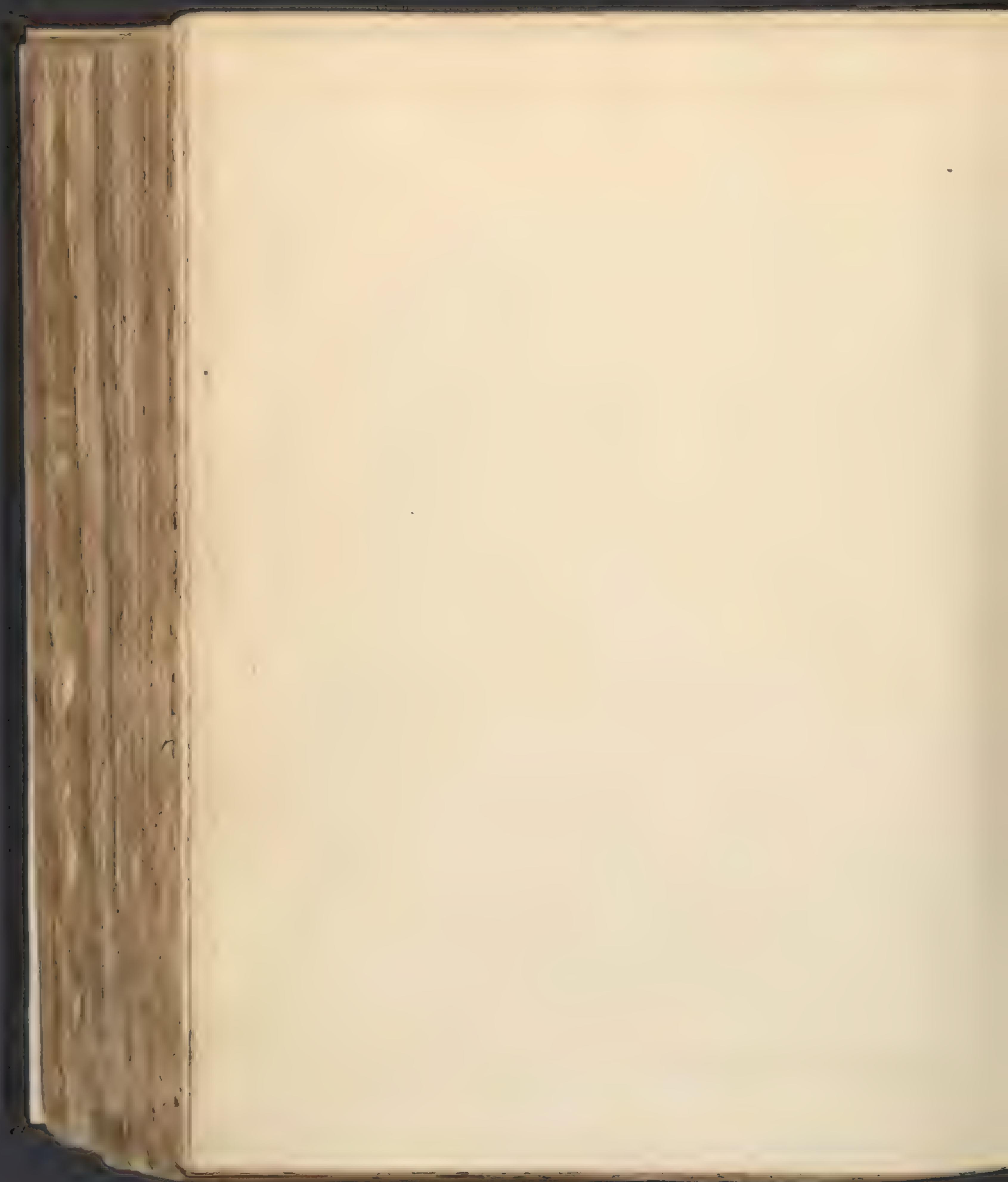


[illegible]

It appears to me that Long in describing
unidades by weight was to say 1000 lbs. = 1
thous. 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th
11th 12th 13th 14th 15th 16th 17th 18th 19th 20th
21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th
31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th
41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th
51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th
61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th
71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th
81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th
91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th
101st 102nd 103rd 104th 105th 106th 107th 108th 109th 110th
111st 112nd 113rd 114th 115th 116th 117th 118th 119th 120th
121st 122nd 123rd 124th 125th 126th 127th 128th 129th 130th
131st 132nd 133rd 134th 135th 136th 137th 138th 139th 140th
141st 142nd 143rd 144th 145th 146th 147th 148th 149th 150th
151st 152nd 153rd 154th 155th 156th 157th 158th 159th 160th
161st 162nd 163rd 164th 165th 166th 167th 168th 169th 170th
171st 172nd 173rd 174th 175th 176th 177th 178th 179th 180th
181st 182nd 183rd 184th 185th 186th 187th 188th 189th 190th
191st 192nd 193rd 194th 195th 196th 197th 198th 199th 200th
201st 202nd 203rd 204th 205th 206th 207th 208th 209th 210th
211st 212nd 213rd 214th 215th 216th 217th 218th 219th 220th
221st 222nd 223rd 224th 225th 226th 227th 228th 229th 230th
231st 232nd 233rd 234th 235th 236th 237th 238th 239th 240th
241st 242nd 243rd 244th 245th 246th 247th 248th 249th 250th
251st 252nd 253rd 254th 255th 256th 257th 258th 259th 260th
261st 262nd 263rd 264th 265th 266th 267th 268th 269th 270th
271st 272nd 273rd 274th 275th 276th 277th 278th 279th 280th
281st 282nd 283rd 284th 285th 286th 287th 288th 289th 290th
291st 292nd 293rd 294th 295th 296th 297th 298th 299th 300th
301st 302nd 303rd 304th 305th 306th 307th 308th 309th 310th
311st 312nd 313rd 314th 315th 316th 317th 318th 319th 320th
321st 322nd 323rd 324th 325th 326th 327th 328th 329th 330th
331st 332nd 333rd 334th 335th 336th 337th 338th 339th 340th
341st 342nd 343rd 344th 345th 346th 347th 348th 349th 350th
351st 352nd 353rd 354th 355th 356th 357th 358th 359th 360th
361st 362nd 363rd 364th 365th 366th 367th 368th 369th 370th
371st 372nd 373rd 374th 375th 376th

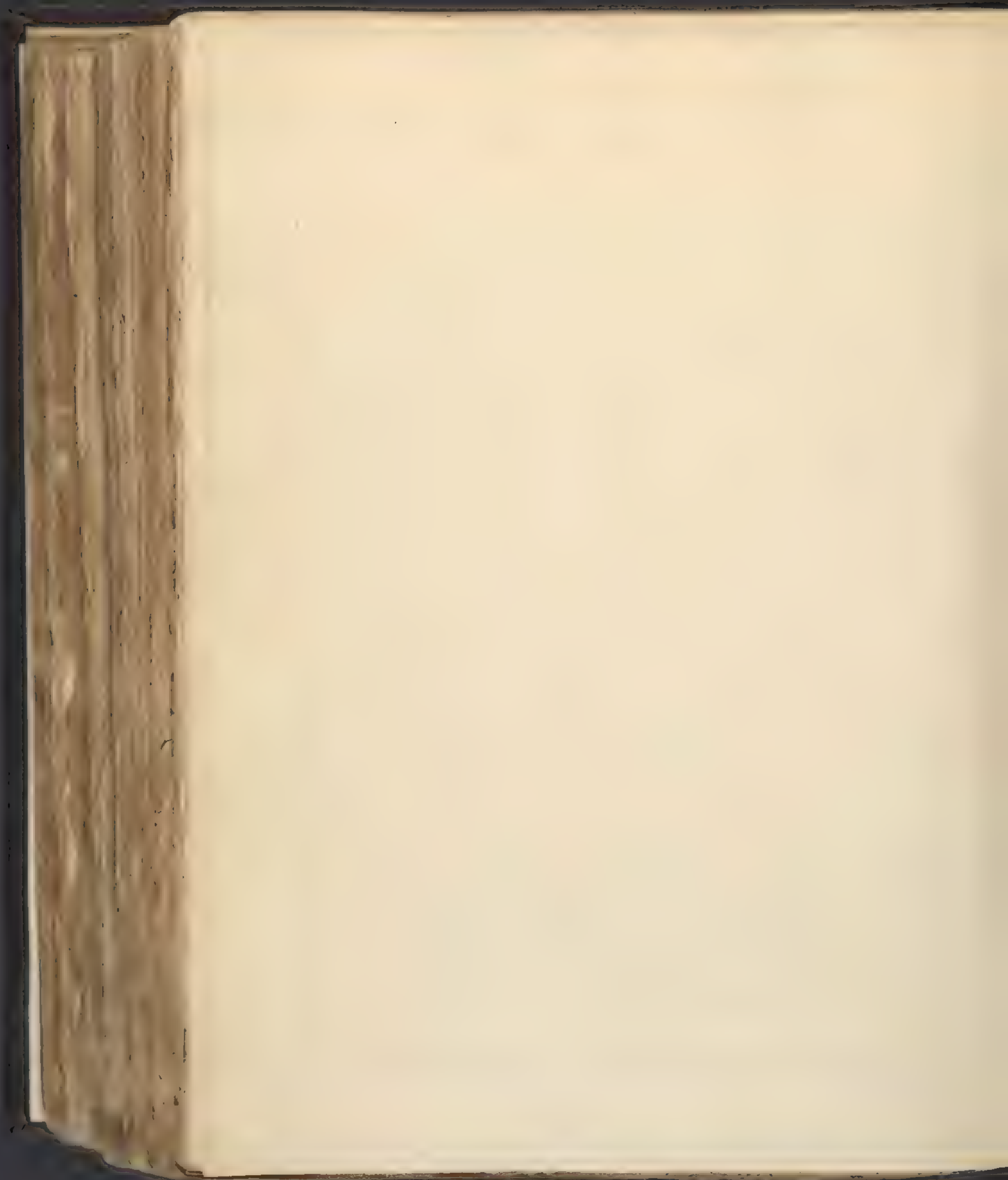
I spent some time in the morning, and
told me the same story about the
the morning of the 11th, and moved all the
up a creek and put out the water of the
most of the day. - It is all over with and
depth of the water, which is now
a low tide, and the water is all over the



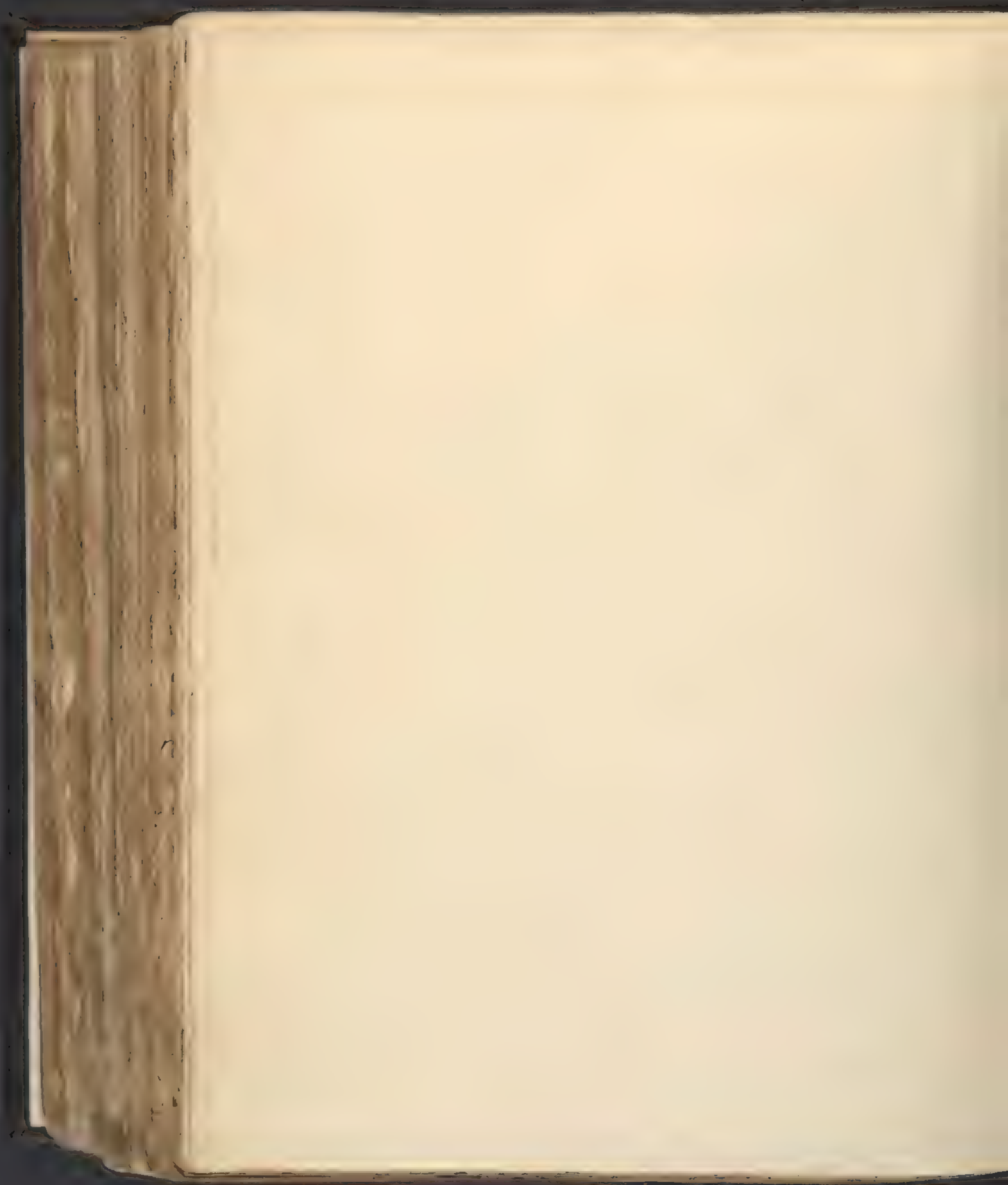


of the glottis. All the symptoms are referable to this
condition and as it can be seen the symptoms are
confidently worthy of importance if we are governed by
the opinion of the late Dr. Williams of New York. It is
very difficult to distinguish between this spasmodic
form of croup and the more common catarrh of the
larynx. Dr. Williams says "It is impossible" says
Dr. Parry "to be certain since from the onset of
the symptoms we cannot tell whether it is a
catarrh or a spasm of the larynx. It is not until
the symptoms have subsided that we can tell what
the nature of the affection is. It is not until the
larynx has returned to its normal state that we
can tell whether the affection was a catarrh or a
spasm." But it appears to me that we can
tell that in many cases of croup it is a
catarrh of the larynx.

The spasmodic croup is more common in children
than the inflammatory and it is not attended with such a degree of constitutional
excitation nor does it produce so long and severe a course.



in irritation. It is no doubt true however, as has
been observed by L. S. in his very eloquent
Lecture on Croup that the spasmodic state frequently
becomes converted into an inflammatory one; but
then the two stages must be quite distinct, and the
remedies which are calculated to allay spasm, are
probably prove sufficient to avert the inflammatory
state. The treatment of spasmodic Croup may be
divided into two kinds: 1st To arrest the disease
when actually formed. - 2^d To remove those constitutional
and other causes of irritation which have originally
produced it. To answer the first indication, our remedies
require the utmost activity in their administration.
A blister should be immediately applied to the
neck or breast, and an emetic of Tart. Stomach. or
Ipecacuanha must be given quickly in such a dose as
will insure their immediate effect. - A warm bath may
often prove advantageous, and the assafatida with
a small quantity of Laudanum thrown up the bowels
is useful to remove the spasm, especially after



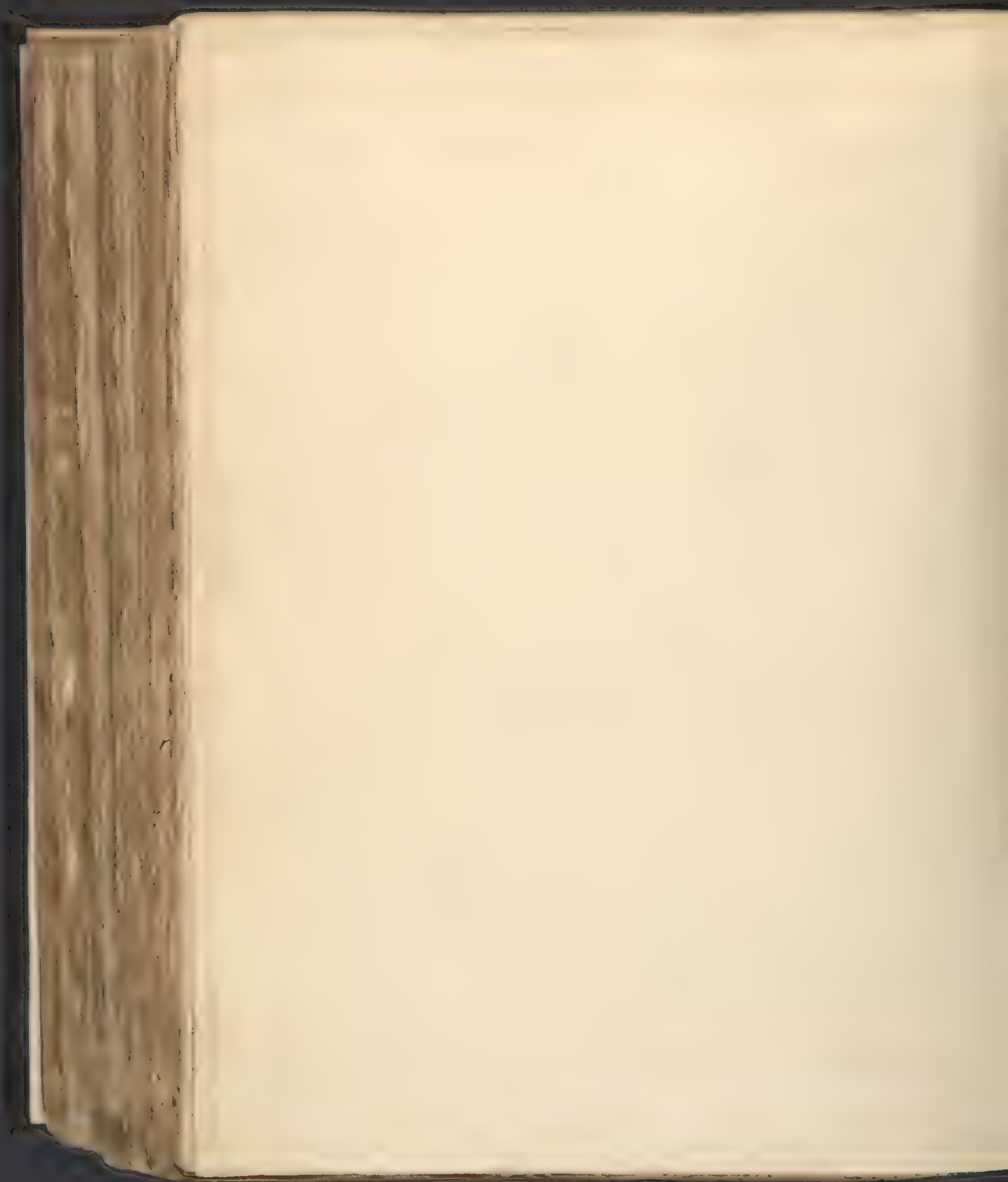
the previous operation of purgatives. - To a child of one
or two years, from ℥ss. to ℥i of Assafetida with 30 or
40 drops of Laudanum for a glyster, and this may
be repeated every 5 or 6 hours according to the exigencies
of the case. - To answer the 2^d indication we should
attend particularly to the causes of the disease. If it
arises from teething, lance the gums with a pin; if from
Worms or other irritating matter in the rectum
canal, purge actively and repeatedly. - If
created it, order warm clothing with flannel.

2^d Catarrhal Group - the catarrhal suffocations of
the rectum. - This arises from the accumulation of
catarrh determining themselves to the mucous membrane
of the rectum, and appears to consist in an inflamma-
tion in which the secretion of the rectum is
increased. It is attended with a discharge of mucus
on like ordinary catarrh, with a dyschezia at first,
increased by the swelling and a relaxation of the
membrane which soon yields a prostrata
quantity of watery discharge.



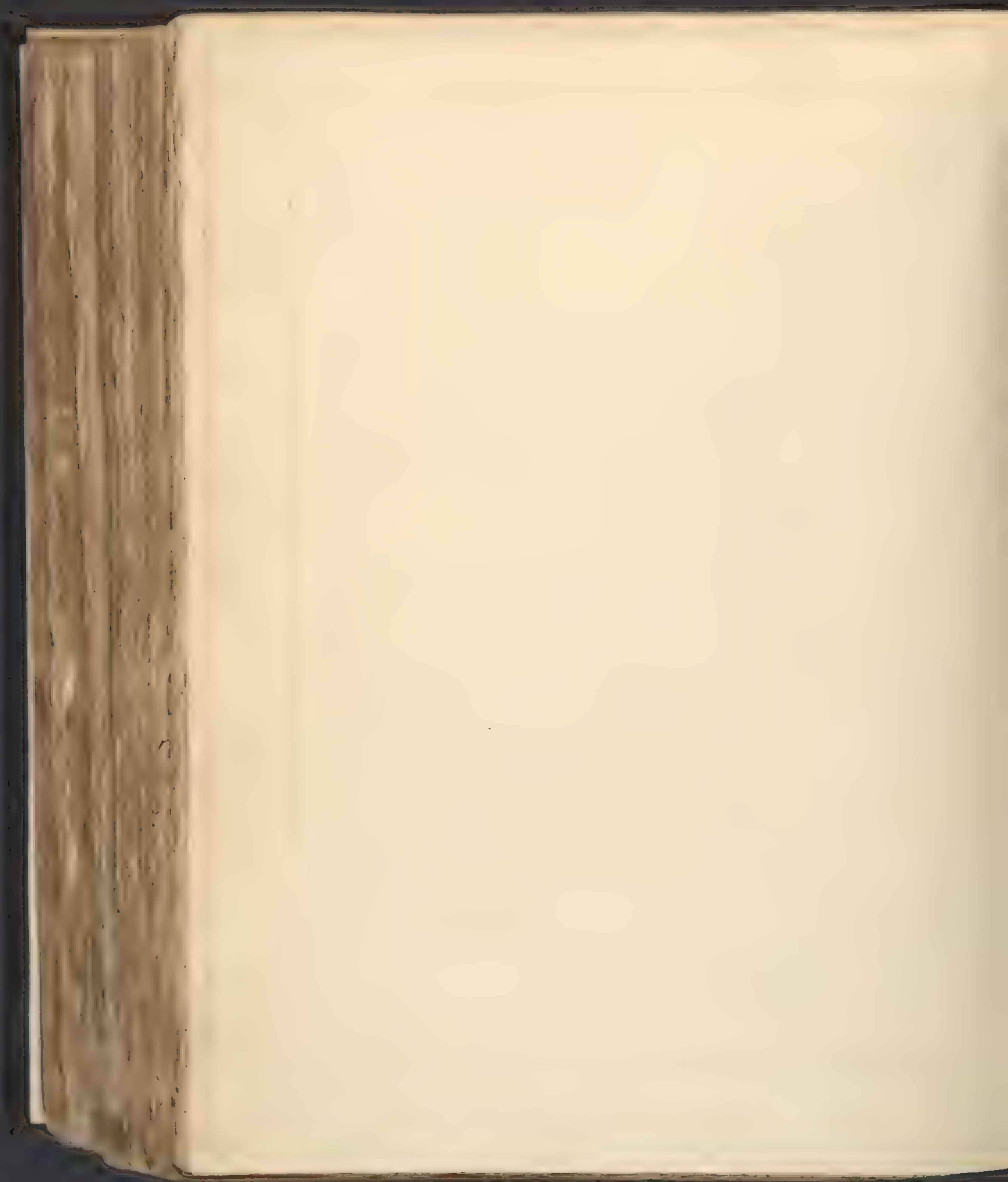
By the swelling of that portion of the lining membrane which covers the ligaments of the glottis, respiration becomes impeded and in some cases totally obstructed. In consequence a noise is produced at every expiration and inspiration which has no doubt been frequently confounded with that of genuine Croup. - But it may be easily distinguished by the dull hoarseness at first, and subsequently by the rattling sound which the large quantity of mucus creates in the Larynx. - It is never attended with that sharp and harsh sound which is always accompanied true Laryngitis, but is peculiarly dull and rumbling. This affection is apt to travel down the trachea, even into the ultimate ramifications of the bronchia, when it produces an augmentation of frothy mucus and speedy expectation. -

This form of Laryngeal disease should be treated with repeated doses of Tart. Stimon. followed by active doses of Calomel, and by leeches and blisters over the throat, as in other forms of Catarrh. a full dose of Opium



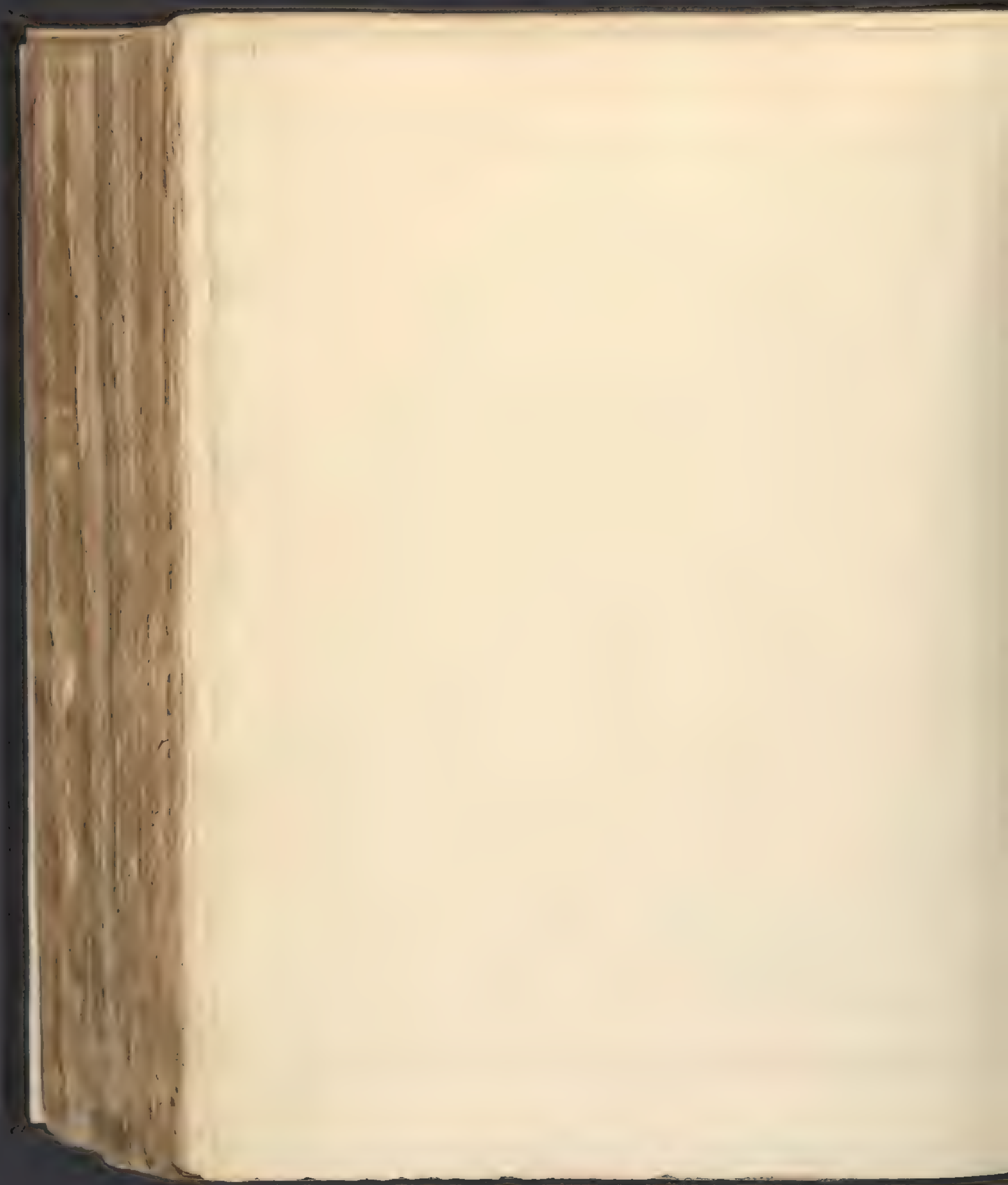
would we doubt check it, if an inhaled ...
stage, and probably small doses might, ...
with advantage to check the ...
of mucus in the latter stage. - The Alkalies ...
to be admissible also in every stage as they ...
power in the same affecting when ...
the tracheal tube: probably it was for this ...
the prize offered by Buonaparte was ...
... of ...

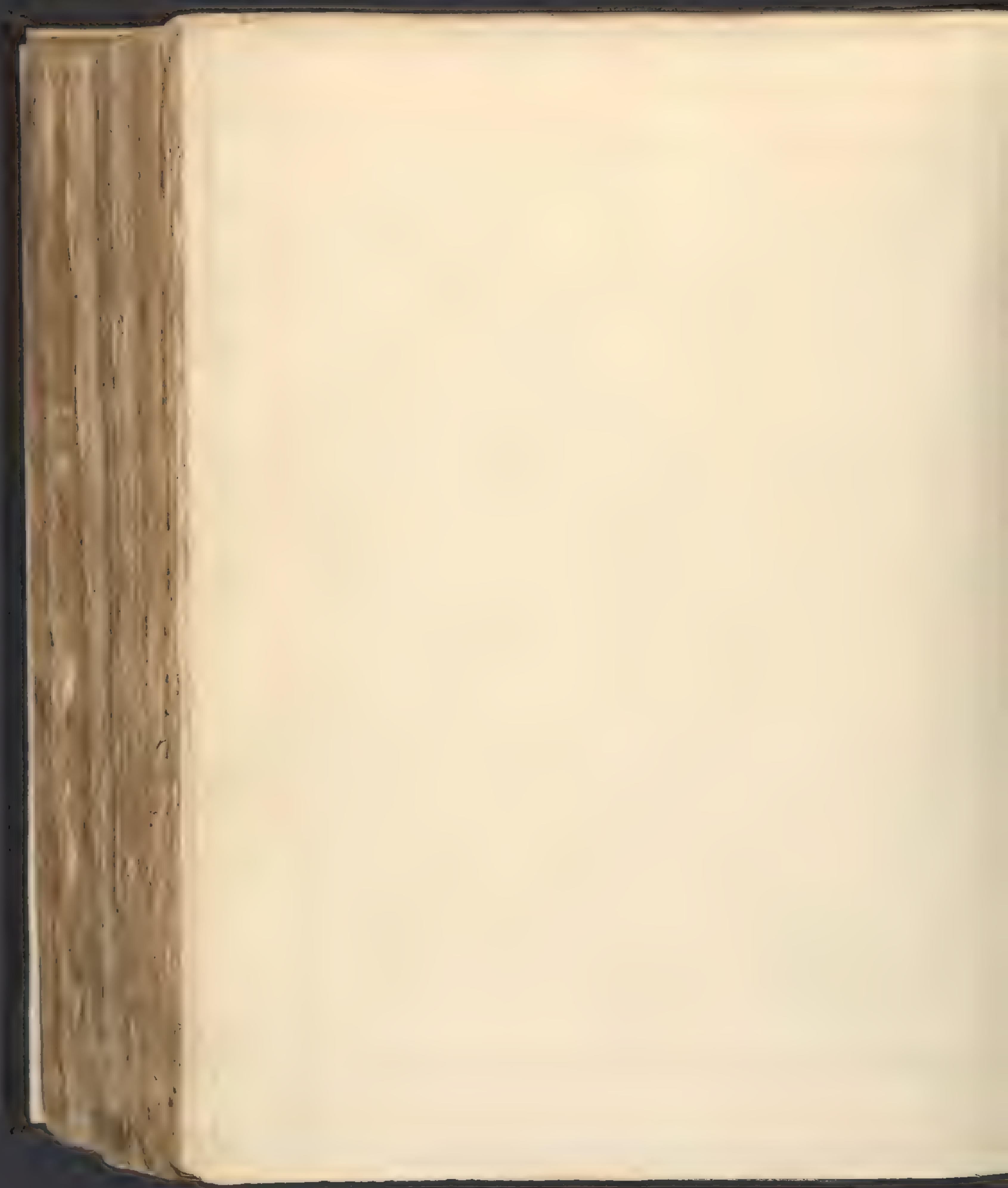
3. Laryngitis or Membranous Croup, consists in
acute inflammation of the cellular tissue and
interstitial vessels of the larynx, which terminates in
a deposition of coagulating lymph - it is ...
exposure to cold and the vicissitudes of the atmosphere -
It is chiefly a disease of children and is distinguished
by a difficult inspiratory sounding as through a ...
tube, hoarse cough with seldom any tumour in the ...
and no difficulty in swallowing. - The sound resembles
the crowing of a young cock, and is a peculiar
sound as to afford a most infallible indication



of the disease... of cold and a cough more or less
severe, preceded for some days; then the hoarse
breathings comes on with some degree of consti-
tutional irritation, which is not however always
proportioned to the intensity of the inflammation.
The pulse in the earliest stage is quick and
rapid, becomes very frequent, and low after suffe-
ration commences. The face at first flushed,
in the latter stages livid and sometimes full.
The stomach and bowels are not often affected.
The cough is always dry; flaky substances are
sometimes spit up, and the patient struggles with
attempts to throw up something solid from the
trachea. The internal fauces are, not inflamed
or even red, nor is there frequently expectoration.
Difficulty in deglutition indicates inflammation
of the pharynx.

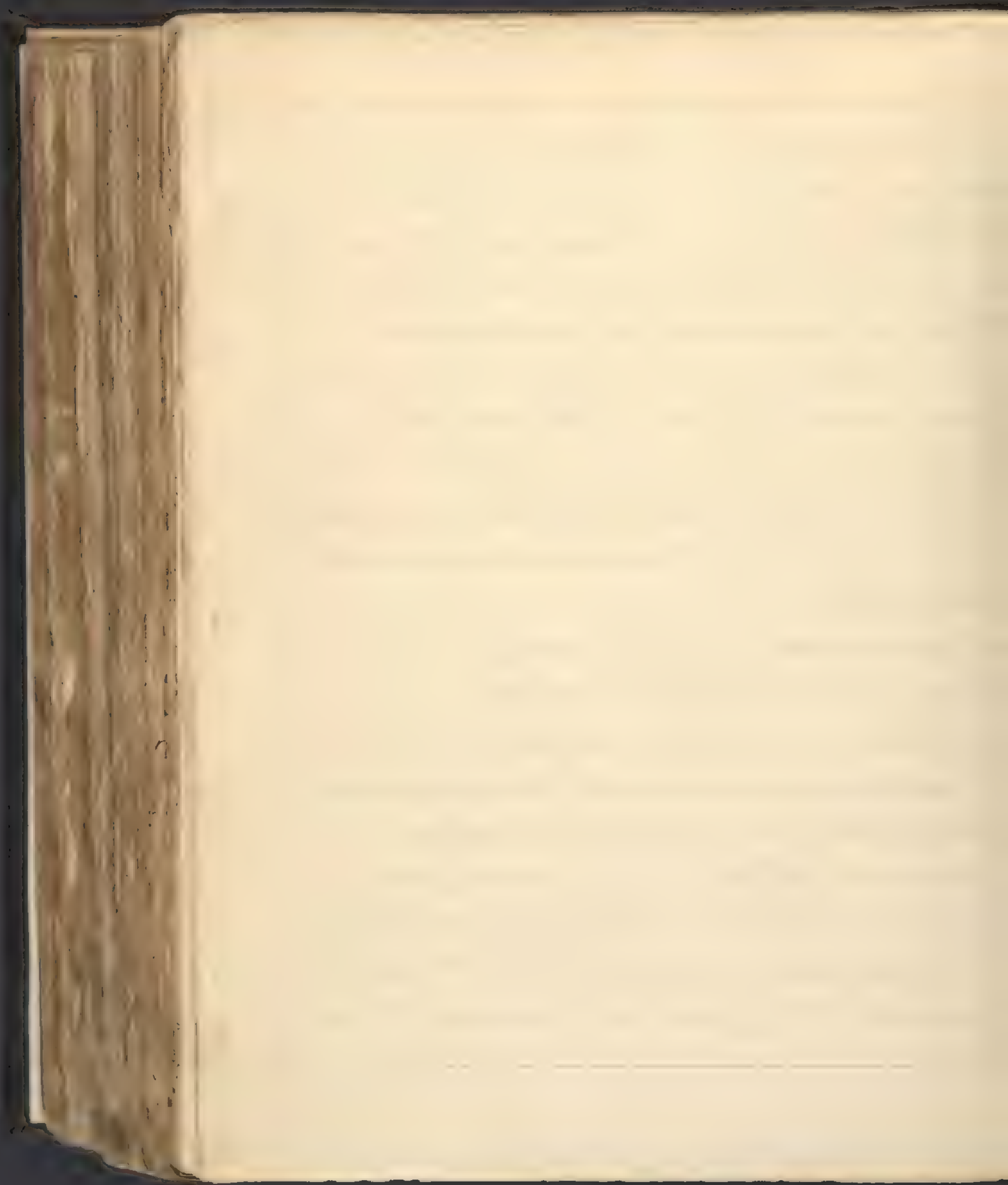
It is distinguished from the spasmodic form
by not supervening so instantaneously; by being asso-
ciated with some degree of fever and cough, &c.





It is, ... most active depletion
should be pursued, with the view both of subduing
the inflammation and of counteracting the deposits
of lymph. - Bleeding, as the able Professor
Chapman recommends, ad deliquium animi
should be practiced immediately, and if syncope
cannot readily be produced, the warm bath may
be resorted to as an auxiliary: at the same time
we should begin to administer the Tart. stibimony,
in divided doses, until it produces
full vomiting. -

We need no other recommendation for this
practice than the fact that, Doctor Chapman has
never failed of curing his patients by its adoption. -
No doubt exists in my mind but that, by timely
resorting to these remedies on the first approach of
the disease, the physician might always succeed. -
It unfortunately happens however that, we are some-
times not called in to prescribe for the little sufferers
till after the 2^d stage has become developed. Then, we



coarse but little hope can be entertained of success. Perhaps not one instance of a recovery out of several hundred cases occurs after the croupy membrane has once been fully formed. Blisters, Emetics and Dr. Cox's Syrup are the only remedies which can be employed to answer any useful indication. As the inflammation must have then relieved itself by the effusion of lymph, of course there will be no particular necessity for a strict antiphlogistic plan of treatment. The chief difficulty with which we have to contend is the mechanical obstruction to respiration produced by the false membrane, and the only possible way in which we can expect to succeed, will be by detaching this substance from the walls of the trachea and larynx by means of expectorant remedies, and by supporting the patient's strength sufficiently to enable him to throw up the membrane after it becomes detached. - It has frequently been proposed to perform the operation of tracheotomy in this stage, for the purpose of extracting the false membrane; but I agree with Professor Chapman in

believing that but very little advantage can be gained by operating for this purpose. The membrane often extends too low down to be entirely reached and it will prove impossible to detach it, until after a successful exhibition of expectorants, shall have first produced a return of the natural mucous secretions -

The operation can only be useful as a palliative to prevent immediate suffocation, while we are administering more efficacious means. In this way Mr. Pott of Dublin succeeded with his patient; the artificial opening in the trachea only serving to maintain inspiration while he was combating the inflammation and its effects, by depletion and mercurials -

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written in dark ink on aged, slightly discolored paper. It appears to be a letter or a formal document, with several lines of text visible. The handwriting is elegant and fluid, characteristic of the period.